

Name
in
Full

Emma Catherine Blanchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Marshall Hall* Town *Stokes-* County *MARYLAND*
 Date of death *1909 Aug- 18* Month *Aug-* Day *18* Age *51* Years *8* Months *8* Days
 Sex *Female* Color or Race *White* Birth-place *Ches. Co. Ind.*
 Occupation *House wife* Where Residing if not at place of death *—*
 Married, Single or Widowed *Married* Name of Wife or Husband *Wm. S. Blanchard-*
 Father's Name *Robt. Wade* Father's Birthplace *Ches. Co. Ind.*
 Mother's Maiden Name *Elizabeth Martin* Mother's Birthplace *P. Geo. Co. Ind.*
 Name of person giving Information *Webb Blanchard* How related to deceased *Son-*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *Three years -*
 Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. W. Mitchell M.D.
 Address *Peru, Ind.*

Accident or Suicide

*no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 190

Month

Day

Years

Months

Days

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Mary Emilie Bowling				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Bel Air	County Ches.		MARYLAND	
		Date of death		1909	Month Aug	Day 19	Age	Years Months Days 19
		Sex		Female		Color or Race	Caucasian	
		Birth-place		Charles				
		Occupation				Where Residing if not at place of death		
		Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER		Father's Name				Phil. Bowling		
		Mother's Maiden Name				Mary L. Stewart		
		Name of person giving information				Phil. Bowling		
				CAUSES OF DEATH		150 X		
PHYSICIAN OR CORONER		Primary				Non classed		
		Immediate				Cardiac Failure		
		Are the name, age, sex, color, date and place correctly given above?				Yes		
		Signature of Physician				Effernand		
		Address				Bel Air Md.		
		Accident or Suicide?						



Name
in
Full

Mary Francis Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

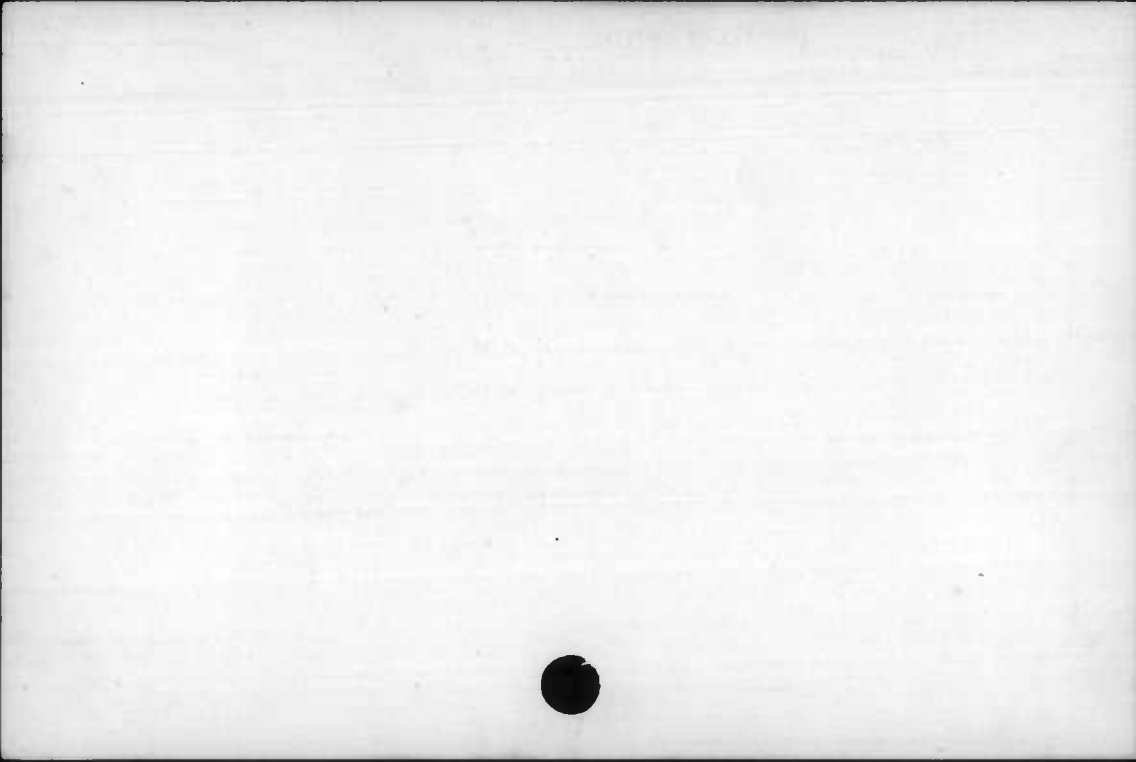
Died at <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug</i>	Day <i>13</i>	Age <i>—</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Charles Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Francis Bean</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Mary Mills</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>Francis Bean</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>6 weeks</i>
Immediate <i>Inanition</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. Stewart</i>
	Address <i>Bel Air Md</i>
Accident or Suicide?	



Name
in
Full

Paul Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Manassas* Town *Charles* County **MARYLAND**
 Date of death 1909 *8* Month *6* Day *3* Age *3* Years Months Days
 Sex *Female* Color or Race *Black* Birth-place *Ind.*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Andrew Carter* Father's Birthplace *Ind.*
 Mother's Maiden Name *Maggie Craig* Mother's Birthplace *Ind.*
 Name of person giving Information *Andrew Carter* How related to deceased *Father*

CAUSES OF DEATH

Primary *Thrush* *100* X How long *0 to 8 days*
 Immediate _____ How long _____

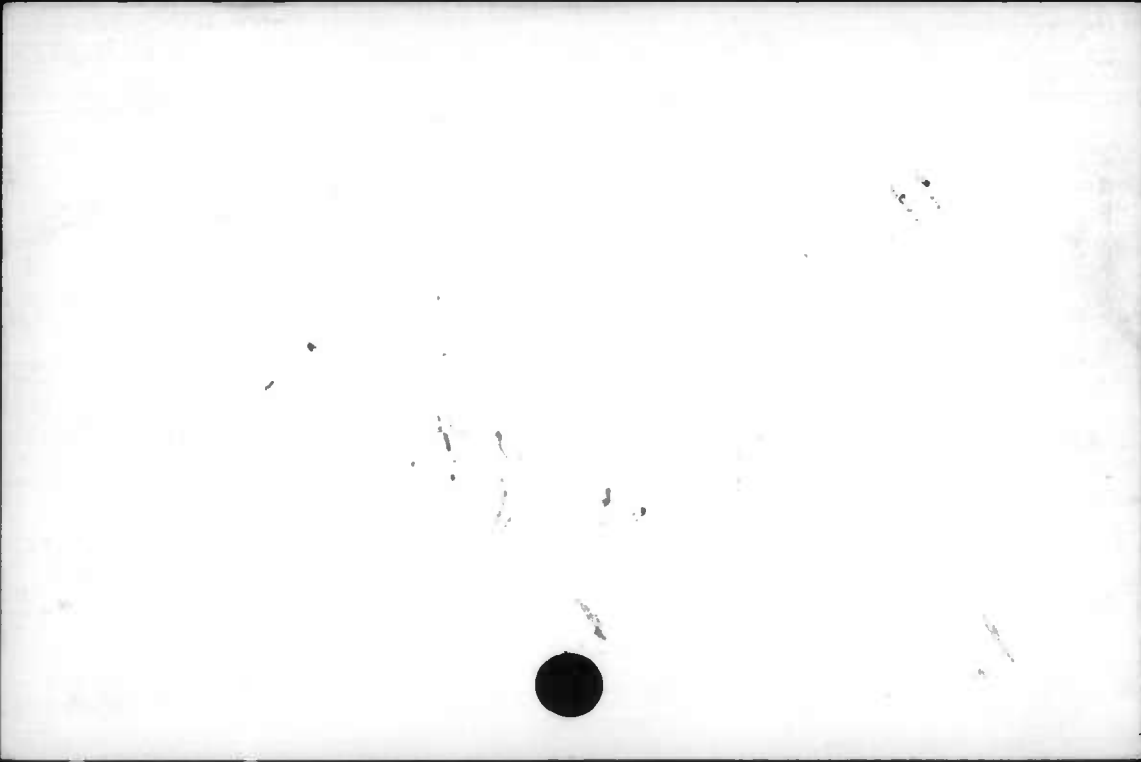
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

James M. Wheeler
 Address *Sub: Registrar*

Accident or Suicide



Name
in
Full

George P. Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bullon</i> Town			County <i>Chanda</i>			MARYLAND	
Date of death	1909	Month	Aug	Day	9	Age	56
Sex		M		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		At home	
Married, Single or Widowed		Married		Name of Wife or Husband		Mrs. Harmon	
Father's Name		John Clements		Father's Birthplace		Tuck	
Mother's Maiden Name		Miss Harmon		Mother's Birthplace		Tuck	
Name of person giving information		Andrew G. Clements		How related to deceased		Son	

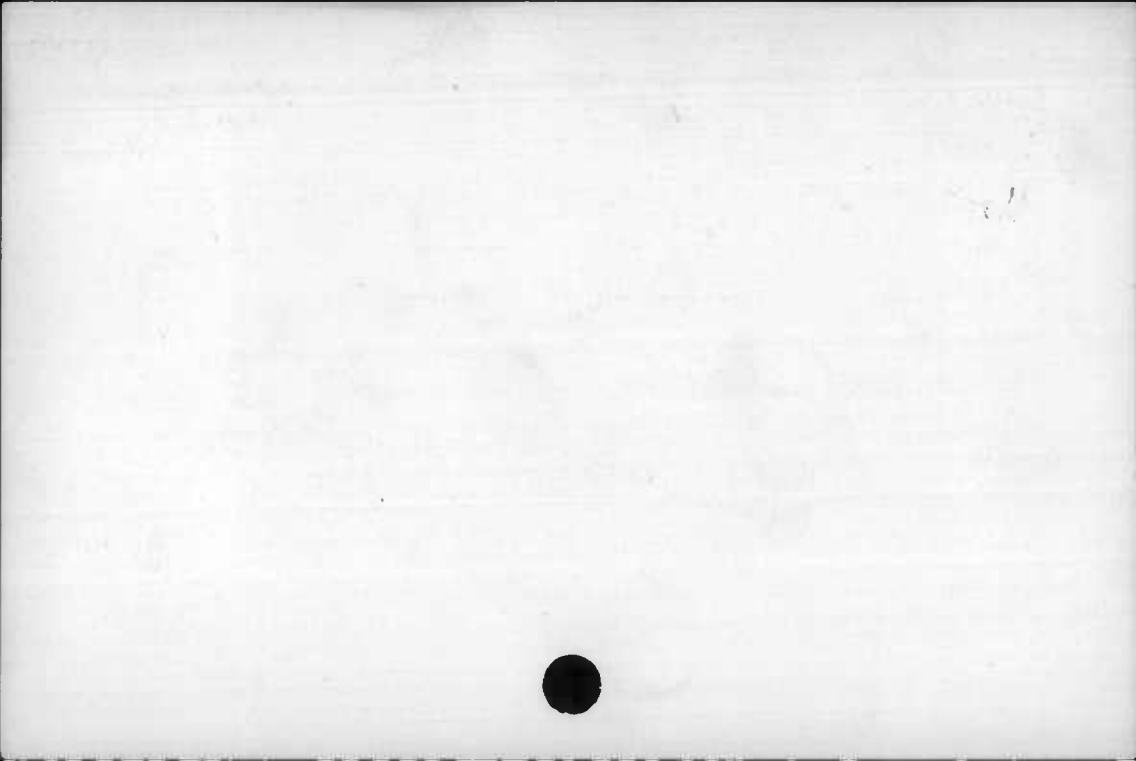
CAUSES OF DEATH

79

X

PHYSICIAN
OR CORONER

Primary	<i>Angiosclerosis</i>	How long	<i>Less than 1 year</i>
Immediate	<i>Heart Failure</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. C. Harmon</i>	
		Address	
		<i>Waldorf</i>	
		<i>Tuck</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary E. Cox.

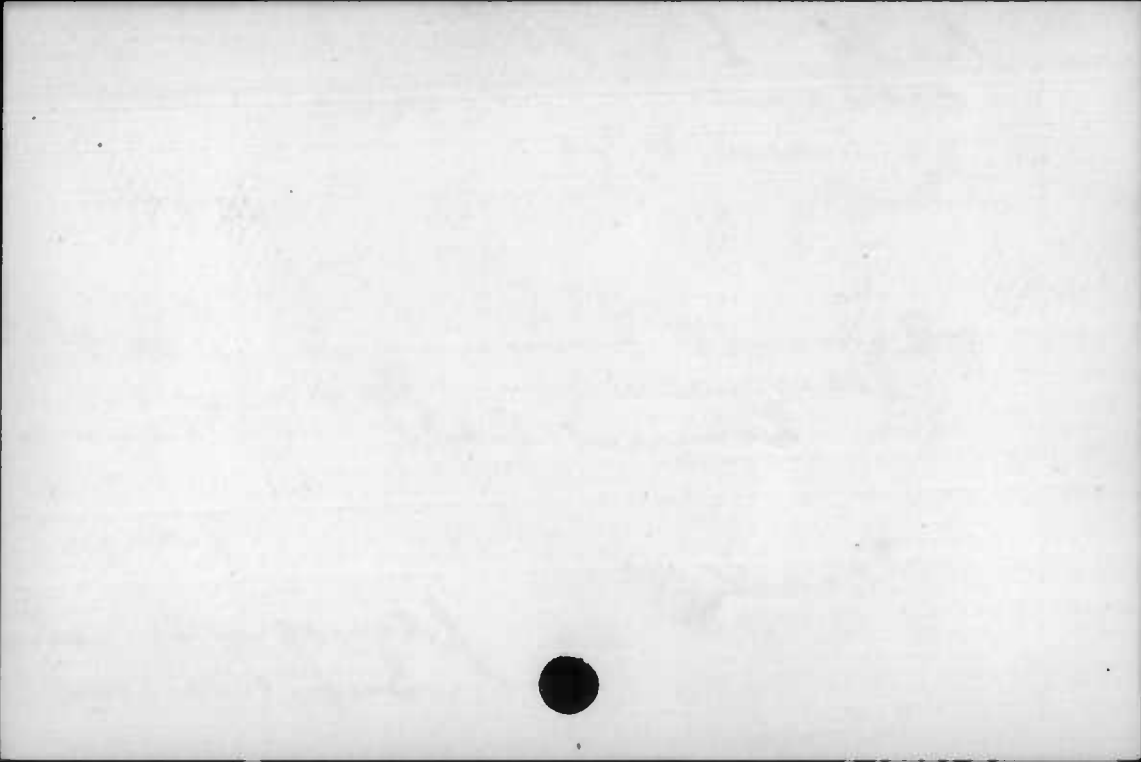
Died at *Marbury* Town*Chas* County

MARYLAND

Date of death *1909 aug* Month*11th* DayAge *67* YearsMonths *4*Days *1*Sex *Female*Color or Race *American*Birth-place *Chas Co.*Occupation *House wife*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of Wife or Husband *James B Cox.*Father's Name *Richard Milstead*Father's Birthplace *Chas Co.*Mother's Maiden Name *Not Given*Mother's Birthplace *Chas Co.*Name of person giving information *Melvin Cox.*How related to deceased *Son*

CAUSES OF DEATH

27Primary *Pulmonary Tuberculosis*
*Bronchiectasis Pyemia*How long *25 years*
*3 years.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *G.C. Bicknell*
Address *Chicago, Ind.*Accident or Suicide? *—*



Name
in
Full

Ruth Dent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *cross roads* Town *Charles* County *MARYLAND*

Date of death *1909 August 31* Month *August* Day *31* Age *3* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Ind*
Occupation *()* Where Residing if not at place of death *()*

Married, Single or Widowed *()* Name of Wife or Husband *()*

Father's Name *Lemuel Dent* Father's Birthplace *Ind*

Mother's Maiden Name *Dora Gaines* Mother's Birthplace *Ind*

Name of person giving Information *Lemuel Dent* How related to deceased *Father*

CAUSES OF DEATH

Primary *()* How long *100* *X* *4 days*

Immediate *Thrush*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James M. Wheeler*
Address *Sub. Registrar*

Accident or Suicide *()*

PHYSICIAN
OR CORONER



Name
in
FullLewis ~~D~~ Garney

CERTIFICATE OF DEATH

Died at ^{Town} *Latato* ^{County} *Charles* **MARYLAND**Date of death 1909 ^{Month} 8 ^{Day} 23 ^{Years} Age ^{Months} 13 ^{Days}Sex *m* Color or Race *C* Birth-place *m*Occupation *none* Where Residing if not at place of death *—*Married, Single or Widowed *S* Name of Wife or Husband *—*Father's Name *Lewis Bibbins*Father's Birthplace *md*Mother's Maiden Name *Blanche Garner*Mother's Birthplace *md*Name of person giving Information *Richard Bibbins*How related to deceased *Grand Father*

CAUSES OF DEATH

Primary *Marasmus Aschemia**105*
*Having life time*Immediate *Cholera Infantum**Having three days*

Are the name, age, sex, color, date and place correctly given above?

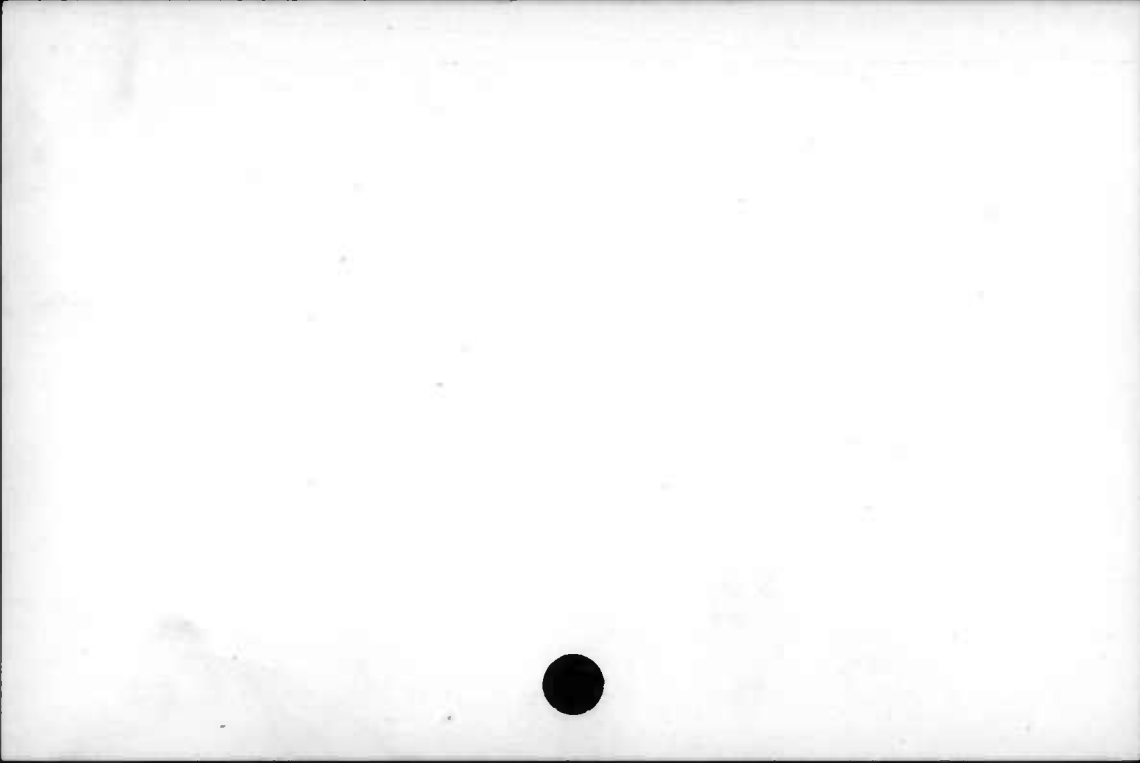
Signature of Physician

Address

*Yes.**Edw. L. Hammond.*
Latato

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annie Gibson

Town

La Plata

County

Chas

MARYLAND

Date

of death

1909 Aug

Month

Day

2

Age

Years

Months

3

Days

Sex

female

Color or
Race

coloured

Birth-
place

New York

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles Gibson

Father's
Birthplace

Virginia

Mother's
Maiden Name

Hattie Virginia Fendal

Mother's
Birthplace

Maryland

Name of person giving
Information

Osca L. Fendal

How related
to deceased

Grand father

CAUSES OF DEATH

105

How long

X

Primary

Immediate

Cholera infantum

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R Hampton Cor
La Plata
Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Henry Herison

CERTIFICATE OF DEATH

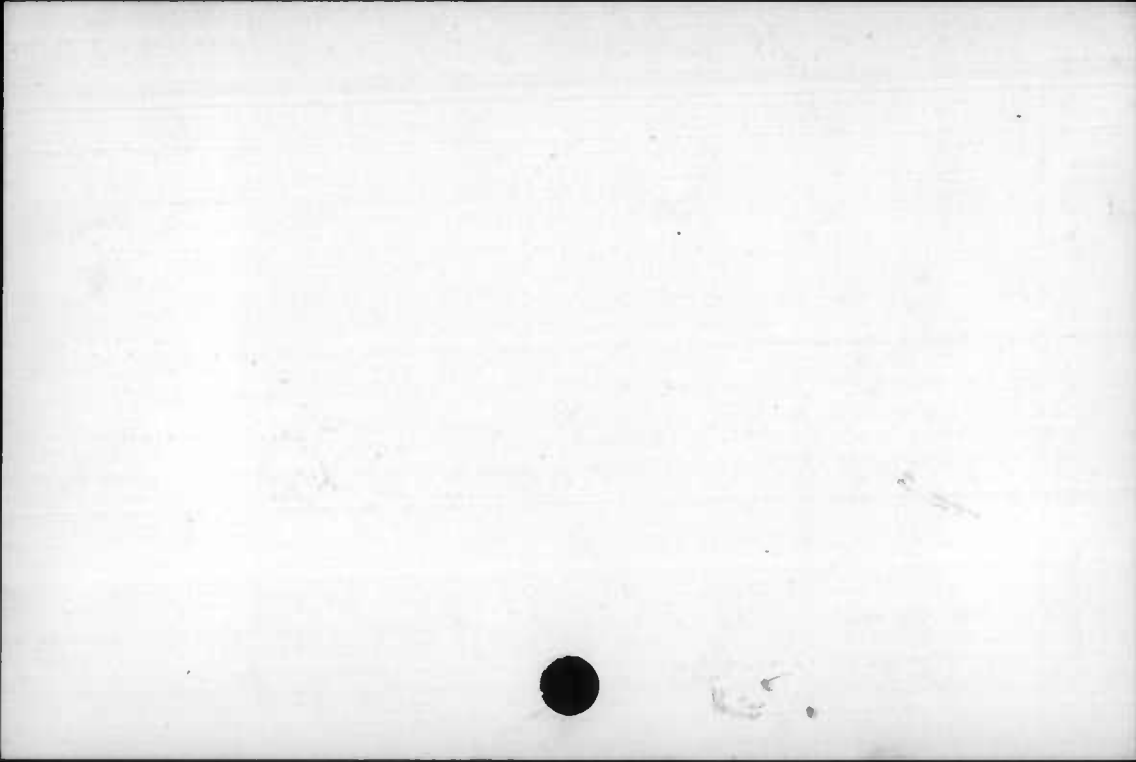
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wardensburg</i> Town		County <i>Charles</i>		MARYLAND		
Date of death	<i>1909</i>	Month <i>August</i>	Day <i>8</i>	Age <i>19</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation <i>Sailor</i>	Where Residing if not at place of death <i>C</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>C</i>					
Father's Name <i>John Herison</i>	Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Florence Tibbs</i>	Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>William Herison</i>	How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Incarles</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide? <i>C</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Florence Key
Town

County

MARYLAND

Died at *Pennocky*

Charles

Date of death 1909 Aug 27

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Pennocky Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

No

Name of Wife or
Huband

Father's
Name

Lewis Key Jr

Father's
Birthplace

Chas. Co Ind

Mother's
Maiden Name

Fannie Dyson

Mother's
Birthplace

" "

Name of person giving
Information

Lewis Key Jr

How related
to deceased

Patric

CAUSES OF DEATH

71

Primary

Convulsions

How long

Five days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. W. Mitchell M.D.
Pennocky Ind.

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

Mittie Love

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

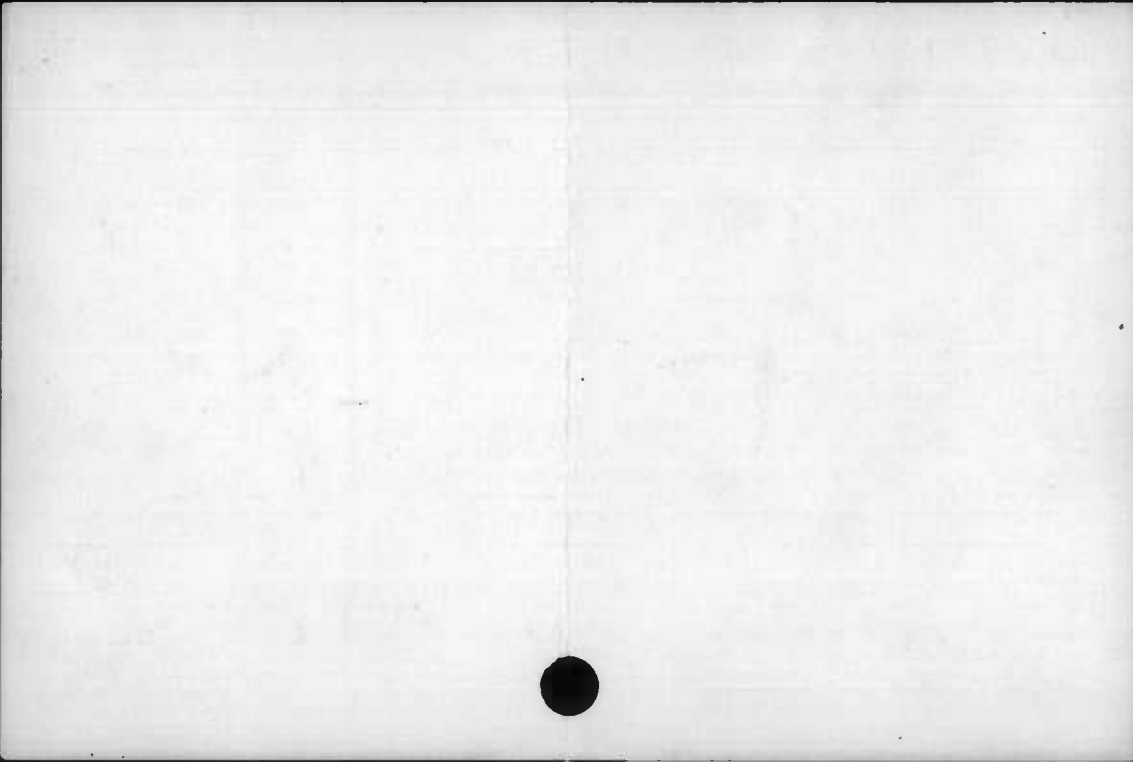
Died at <i>700 Benedict</i>		County <i>Chauce</i>		MARYLAND	
Date of death <i>1909 Aug</i>	Month <i>Aug</i>	Day <i>✓ -</i>	Age <i>19</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Occupation <i>cook</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Luke Brut</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Ida Love</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Geo. Johnson</i>			How related to deceased <i>Father in law</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>5 mo.</i>
Immediate	<i>Post-partum Hemorrhage</i>	How long	<i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>for</i>		Signature of Physician <i>D. C. Chappin</i>	
		Address <i>Highville Md</i>	
Accident or Suicide?			



Name
in
Full

Ernest E. Lyons.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

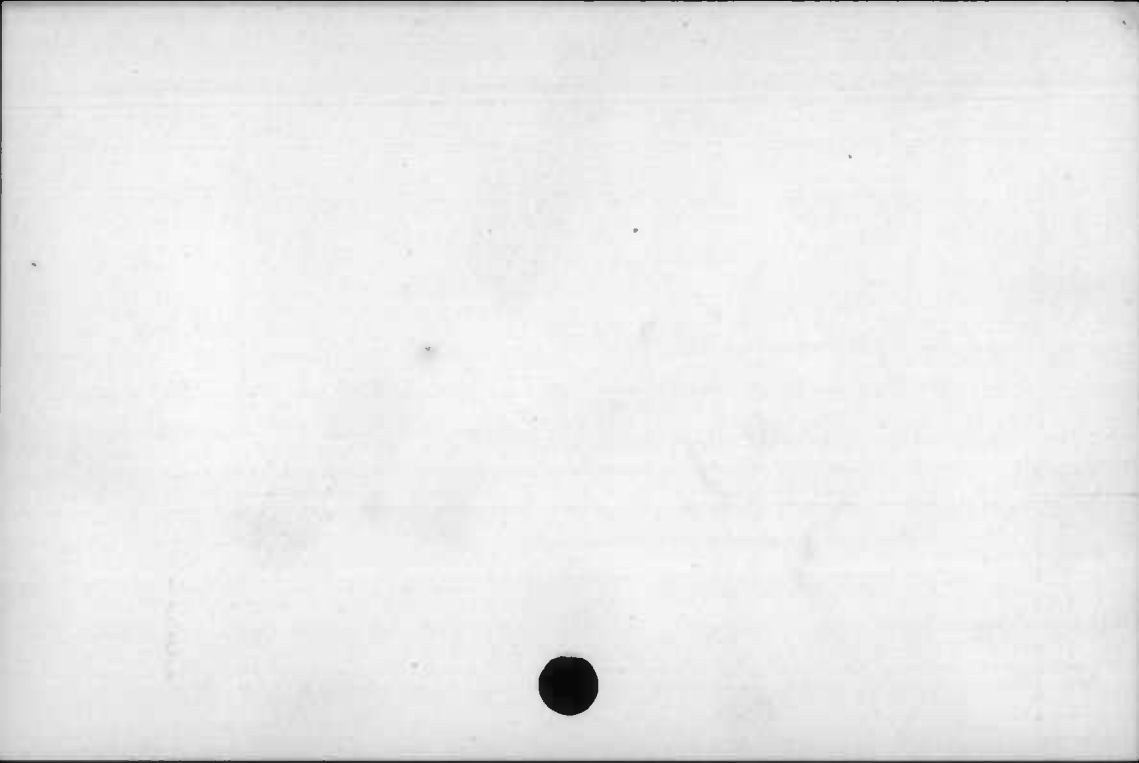
Died at <i>Macon Springs</i>		County <i>Charles</i>		MARYLAND	
Date of death	1909	Month <i>Aug</i>	Day <i>5</i>	Age <i>8</i>	Months <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Joseph T. Lyons</i>		Father's Birthplace <i>Charles Co. Md.</i>			
Mother's Maiden Name <i>Lena E. Colvin</i>		Mother's Birthplace <i>Baltimore Md.</i>			
Name of person giving information <i>Jos. W. Lyons.</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Ac. Gastro-Intest. - Peritonitis</i>	How long <i>6 weeks</i>
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell</i>
	Address <i>Pisgah, Md.</i>
Accident or Suicide?	



Name
in
Full

William Owen Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Waldorf</i>		Town <i>Chorus</i>		County		MARYLAND	
Date of death	1909	Month	Aug	Day	1	Age	—
Sex	Male	Color or Race	White	Birth-place	Ind	Months	Days
Occupation	Farm		Where Residing if not at place of death		—		
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	Charles Richards				Father's Birthplace	Ind	
Mother's Maiden Name	Florence Gomer				Mother's Birthplace	Ind	
Name of person giving information	William Richards				How related to deceased	Ind	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Mass simulation</i>	How long	<i>10 days</i>
Immediate	<i>Epinephrine</i>	How long	<i>short</i>
Are the name, age, sex, color, date and place correctly given above?	<i>h</i>	Signature of Physician	<i>G. O. Morrow</i>
		Address	<i>Waldorf Ind.</i>
Accident or Suicide?			



Name
in
Full

Ross - Infant - Ross

CERTIFICATE OF DEATH

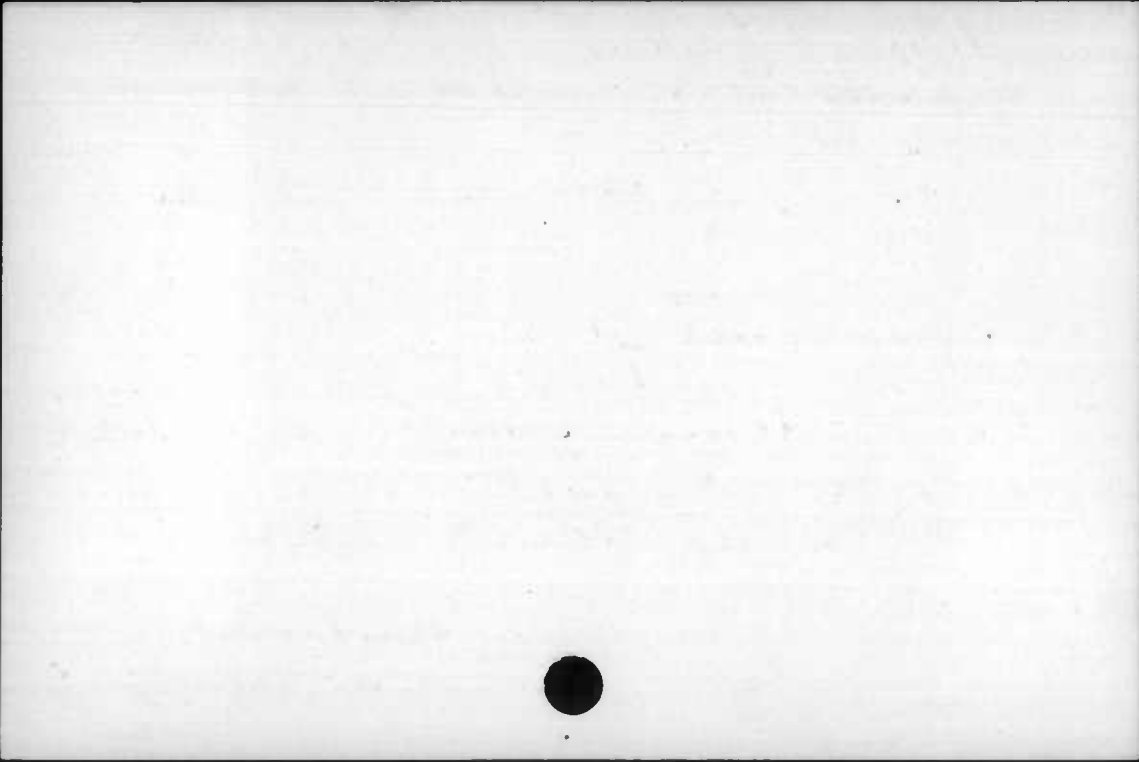
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cross roads</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>August</i>	Day <i>7</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Samuel Ross</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Margaret Lawson</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Samuel Carroll</i>			How related to deceased <i>Uncle</i>		

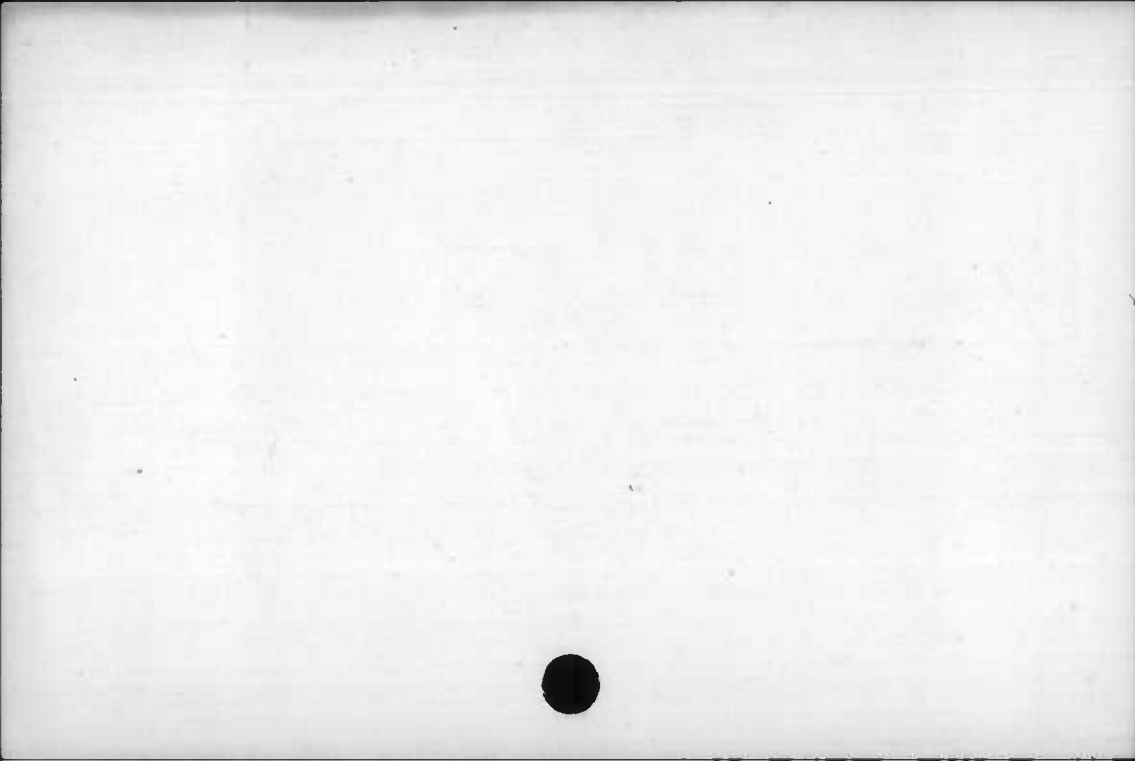
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>James M. Wheeler</i>
		Address <i>Sub - Registrar</i>
Accident or Suicide?		



Name in Full		Certificate of Death			
Rueue J. Smith		MARYLAND			
Died at <i>Waldorf</i> Town		County <i>Charent</i>			
Date of death <i>1909</i> Month <i>Aug</i> Day <i>14</i> Age <i>—</i> Years Months <i>6</i> Days <i>8</i>					
Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Ind</i>					
Occupation <i>Iron</i> Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i> Name of Wife or Husband <i>—</i>					
Father's Name <i>J. Ed Smith</i> Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Eliza Drum</i> Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>J. Ed Smith</i> How related to deceased <i>Father</i>					
		CAUSES OF DEATH			
Primary <i>Cholera Infantum</i> How long <i>12 hours</i>					
Immediate <i>Orchitis</i> How long <i>two days</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. O. Monroe</i>			
		Address <i>Waldorf Md</i>			
Accident or Suicide? <i>—</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Margaret Ann Wade

Town

County

Hykesville

Charles

MARYLAND

Date

of death

1909

Month

Aug.

Day

16

Years

Age

64

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

James Wade

Father's
Name

Benjamin Howkins

Father's
Birthplace

Md.

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Md.

Name of person giving
Information

Arthur Wade

How related
to deceased

Son

CAUSES OF DEATH

Primary

Organic Disease of Heart

How long

8 years

Immediate

Chronic heart disease

How long

2 years

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

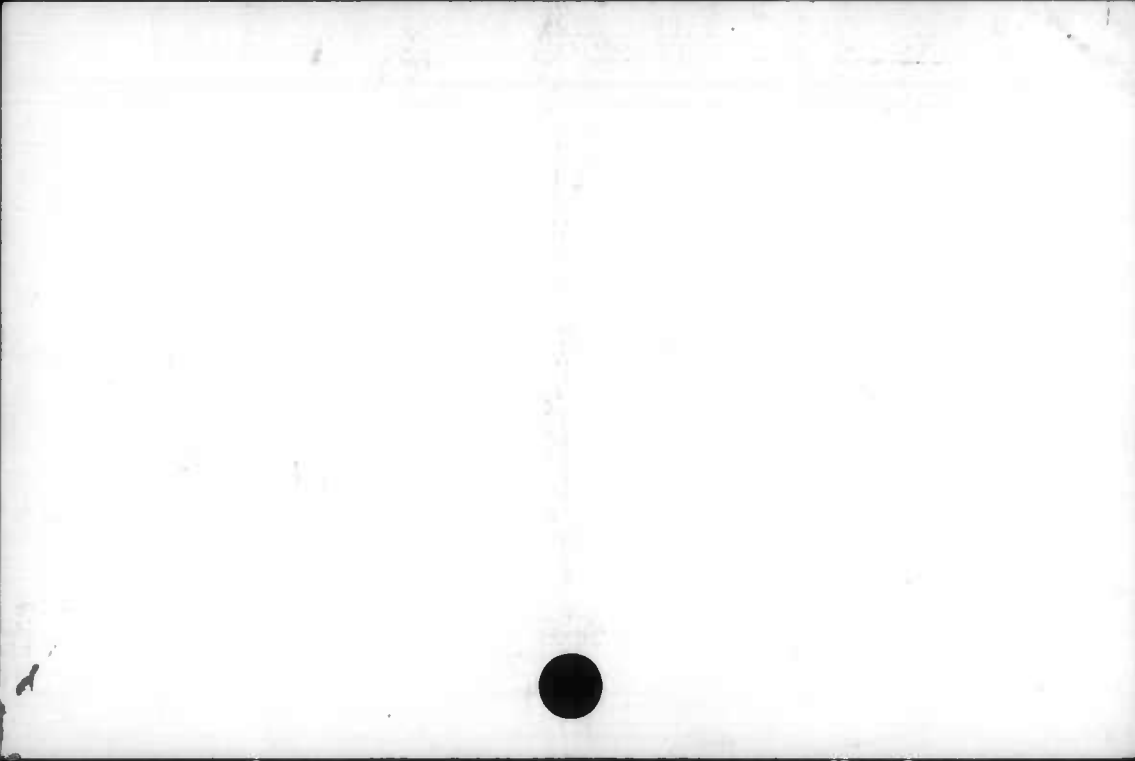
D. O. Curcio M.D.,

Baltimore,

Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Waters</i>		Town <i>Crossroads</i>		County <i>Charles</i>		MARYLAND									
Died at		Date of death <i>1907</i>		Month <i>August</i>		Day <i>3</i>		Age <i>11</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>											
Occupation		Where Residing if not at place of death													
Married, Single or Widowed		Name of Wife or Husband													
Father's Name <i>Fremman Waters</i>		Father's Birthplace <i>Ind</i>													
Mother's Maiden Name <i>Jane Milstead</i>		Mother's Birthplace <i>Ind</i>													
Name of person giving information <i>Fremman Waters</i>		How related to deceased <i>Talker</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer complaint</i>		How long <i>4 weeks</i>	
Immediate <i>Leathring</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James Mc Wheeler</i>	
		Address <i>Sub. Registrar</i>	
Accident or Suicide?			

